

## **EPA KEY CONTACTS FORM**

OMB Number: 2030-0020 Expiration Date: 06/30/2024

**Authorized Representative:** Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefi	x:		First Name:	Kulbir			N	liddle Name:			
	Last	Name:	Kaur						Suffix:			
Title:	Sponsored Projects Splst											
Complete Address:												
Stree	t1:	1 Univ	rersity of D	New Mexico				]				
Street2: MSC01-1247												
City:	City: Albuqu		erque			State: NM: New Mexico						
Zip / Postal Code:		87131-0001			Country: USA: UNITED STAT							
Phone Number:		505-277-4186			Fax Num	ber:						
E-mail /	E-mail Address:		kkaur2@unm	.edu								
Payee: Individual authorized to accept payments.												
Name:	Prefi	x:		First Name:	Norma			N	liddle Name:			
	Last	Name:	Allen						Suffix:			
Title:	Uni	versit	y Controlle	er								
Complete Address:												
Stree	t1:	1 Univ	versity of D	New Mexico				]				
Street2: MSC01-			-1247									
City: Albuq		Albuqu	erque			State: NM: New Mexico						
Zip / Postal Code:		Code:	87131-0001			Country: USA: UNITED STATES						
Phone Number:		er:	505-277-4186			Fax Number:						
E-mail A	Addre	ess:	osp@unm.edu									
Administrative Contact: Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).												
Name:	Prefi	x:		First Name:	Kulbir			N	liddle Name:			
	Last	Name:	Kaur						Suffix:			
Title:	Title: Sponsored Projects Splst											
Comple	te Ac	ldress:										
Street1: 1 University of New Mexico												
Street2: MSC01-1247												
City: Albuque			erque			State: NM: New Mexico						
Zip / Postal Code:		87131-0001			Country: USA: UNITED STATES							
Phone Number:			505-277-4186 Fax Number:									
E-mail Address:		kkaur2@unm.edu										

EPA Form 5700-54 (Rev 4-02)

## **EPA KEY CONTACTS FORM**

**Project Manager:** *Individual responsible for the technical completion of the proposed work.* 

					_						
Name:	Prefix:	First Name: Heather			Middle Name:						
	Last Name:	Himmelberger			Suffix:						
Title:	Director o	of the SW EFC									
Complete Address:											
Stree	t1: 1700 I	omas NE Suite 2200 MSC01 1247									
Street2:											
City: Albuqu		erque	State: NM: New Mexico								
Zip / Postal Code:		87131-0001	Country: USA: UNITED STATES								
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